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PTO/SB/01 (10-00)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

✓ Declaration

Submitted OR

with Initial Filing

Declaration

Submitted after Initial Filing (surcharge (37 CFR 1.16 (e))

· required)

Attorney Docket Nur	nber	ICI 102	
First Named Inventor	<u>r</u>		
COMPLI	ETE IF	KNOWN	
Application Number			
Filing Date	Ap	ril 13, 2001	
Group Art Unit			
Examiner Name			

As a l	below named inventor, I he	reby declare that:		As a below named inventor, I hereby declare that:				
My re	sidence, mailing address, an	d citizenship are as stat	ed below next to my nam	ne.				
l belie	eve I am the original, first and is are listed below) of the sub	I sole inventor (if only or	ne name is listed below)	or an original, first	t and joint inventor (if plural he invention entitled:			
		METHODS OF						
Ь		(7	itle of the Invention)					
	specification of which							
v]	is attached hereto OR		as United St	ates Application	Number or PCT International			
•	was filed on (MM/DD/YYYY)		as officed of					
	ication Number		mended on (MM/DD/YY)	_{YY} , [(if applicable).			
• •	<u> </u>				a including the eleims as			
amer	eby state that I have reviewed nded by any amendment spe	ecitically referred to above	ve.		•			
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
PCT	international filing date of the	e continuation-in-paπ ap	pplication.					
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[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

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Name Patrea L. Pabst; Arna	ll Golden	& Greg	gory, LL	.Р		
Address 2800 One Atlantic Cent	ter					
1201 West Peachtree S	treet					
Atlanta	······································		ļ	State	GA	ZIP 30309-3450
Country	T	elephone	(404)	873-8	794	(404) 873-8795
I hereby declare that all statements mad- are believed to be true; and further that made are punishable by fine or imprison validity of the application or any patent is	ment, or both	i, under 1	8 U.S.C. 1	001 and	that such willful f	false statements may jeopardize the
NAME OF SOLE OR FIRST INVI	ENTOR:			A petit	ion has been fi	filed for this unsigned inventor
Given Name Stefan Die				Family or Sum	Name Ankar	
Inventor's Signature				-		Date
Residence: City London			State		Country GB	Citizenship DE
Mailing Address Department of C	Cardiac M	ledicine	, Nation	ial He	art & Lung In	nstitute London
Mailing Address Dovehouse Stre	et					
City London	State			ZIP	SW3 6LY	Country GB
NAME OF SECOND INVENTOR	:			A peti	tion has been	filed for this unsigned inventor
Given Name Andrew J		vart		Family or Sur	Name Coats	is
(first and middle [if any])						
Inventor's Signature						Date
Residence: City			State		CountryGB	Citizenship AU
Mailing Address Department of Cardiac Medicine, National Heart & Lung Institute London						
Dovehouse St	reet					
Mailing Address Cin. London	State			ZIP	SW3 6LY	Country GB
_ Additional inventors are being name		suppleme	ental Additi	1	entor(s) sheet(s) F	PTO/SB/02A attached hereto.

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	April 13, 2001
First Named Inventor	Stefan Dietmar Anker
Group Art Unit	
Examiner Name	
Attorney Docket Number	ICI 102

Practitioners at Customer Number OR Practitioner(s) named below: Name							_		
Practitioner(s) named below: Name	I hereby appoir	nt:				Γ	Place C	untomor	7
Practitioner(s) named below: Name									
Name Registration Number Patrea L. Pabst 31.284 Zhaoyang Li 46,872 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address 2800 One Atlantic Center Address 1201 West Peachtree Street City Atlanta State GA Zip 30309-3450 Country USA Telephone (404) 873-8794 Fax (404) 873-8795 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Imperial College Innovations Limited Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							Label h	ere	
Patrea L. Pabst Zhaoyang Li as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Patrea L. Pabst; Arnall Golden & Gregory, LLP Address 2800 One Atlantic Center Address 1201 West Peachtree Street City Atlanta State GA Zip 30309-3450 Country USA Telephone (404) 873-8794 Fax (404) 873-8795 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Imperial College Innovations Limited Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	✓ Practitione	er(s) nai	med below:		 				ı İ
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The above-mentioned Customer Number. OR Firm or Individual Name Patrea L. Pabst; Arnall Golden & Gregory, LLP Address 2800 One Atlantic Center Address 1201 West Peachtree Street City Atlanta State GA Zip 30309-3450 Country USA Telephone (404) 873-8794 Fax (404) 873-8795 I am the: Applicant/Inventor. ✓ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Imperial College Innovations Limited Signature Date Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	business in the	United :	States Patent and 1	Frademark Office co	nnecte	ed therewith	١.		
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OR Firm or Individual Name	The above-r	nention	ed Customer Numb	ber.					
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Telephone (404) 873-8794 Fax (404) 873-8795 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Imperial College Innovations Limited Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	City		Atlanta		State	GA	Zij	30309-	.3430
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Imperial College Innovations Limited Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Country				Γ_	(404) 973	2 9705		
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Imperial College Innovations Limited Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Telephone		(404) 873-8794		Fax	(404) 873	0-0/93		
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SIGNATURE of Applicant or Assignee of Record Name Imperial College Innovations Limited Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Applican	t/Invent	or.						
SIGNATURE of Applicant or Assignee of Record Name Imperial College Innovations Limited Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	☐ Assistance	of roce	ord of the entire into	erest See 37 CFR :	3.71.				
Name Imperial College Innovations Limited Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Stateme	nt unde	r 37 CFR 3.73(b) is	s enclosed. (Form F	TO/SE	3/96).			
Name Imperial College Innovations Limited Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		Incha						•	
Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Name	Impe	tai Conege iiiiov	valions Emilied					
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	*Total of1								

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STAT	EMENT UNDER 37 CFR 3.73(b)
Applicant/Patent Owner:Stefa	an Dietmar Anker and Andrew Justin Stewart Coats
	Filed/Issue Date:April 13, 2001
Application No./Patent No.:ME	ETHODS OF TREATMENT
Imperial College Innovations Limited	a Corporation
(Name of Assignee)	(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
· ·	
states that it is:	
1. Let the assignee of the entire right, titl	e, and interest; or
2. an assignee of less than the entire The extent (by, percentage) of its	Ownership interest is
in the patent application/patent identified	l above by virtue of either:
	s) of the patent application/patent identified above. The assignment s Patent and Trademark Office at Reel, Frame, or for
OR	
assignee as shown below:	s), of the patent application/patent identified above, to the current
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